



Section: General Billing Information

1.6 DOM Prior Authorization

Prior authorizations (PAs) can also be obtained from select bureaus within the Division of Medicaid. These program areas verify medical necessity for a particular procedure or service, prior to the delivery of that procedure or service. They conduct reviews and make determinations. The table below provides the DOM program area contact information, special requirements that are applicable to that service, the appropriate paper form for submitting the request, and reference to the relevant sections in the Provider Policy Manual pertaining to that service. Instructions for completing the forms are also provided in the Provider Policy Manual under the appropriate section.

Prior to submitting ANY prior authorization request, the provider of service must verify the beneficiary's eligibility. Be aware that the submission of a prior authorization (PA) is not a guarantee of Medicaid coverage or DOM's approval. All requests for authorization must be reviewed and approved by the appropriate bureau **before** the procedure/service is performed.

A Medicaid provider may request prior authorization for services/procedures through the web portal or by submitting the appropriate form(s), plus supporting documentation to the Bureau. Submitting prior authorization requests via the web portal is preferred. Forms for paper submissions are available through the fiscal agent by calling 1-800-884-3222.

Once the form(s), along with any supporting documentation, are completed, they must be submitted, to the responsible bureau. The form(s) will be reviewed and a determination made by DOM or DOM consultant. For paper prior authorization, a copy of the form(s), with the determination noted and a Medicaid-authorized signature affixed, will be returned to the provider. Providers utilizing web portal prior authorization will receive a weekly report giving the status (approved/denied) via the web portal through the manage messages inbox. Providers may also use the PA Inquiry function on the web portal to check the status of a prior authorization request at any time.

It is the provider's responsibility to secure authorization from DOM before providing any service which requires PA. In case of an emergent situation, the provider should fax a copy of the request form to the appropriate DOM fax number. Tentative approval for service delivery may be granted depending on the circumstances, but the final approval upon which reimbursement depends cannot be given until the original copy of the PA request is received. Providers may also enter PA requests via the web portal and notify the appropriate bureau at the Division of Medicaid immediately after submission of the PA of the emergent situation for more prompt response to the PA request.

If additional information is needed, it is the provider's responsibility to resubmit the PA request, along with the requested information. It is possible for a request to be only partially approved. In the case of partial approval, the approval or denial will be clearly stated on the form. Please note that there may be specific working days/timeframes for information to be received or the PA request will be denied. Providers must send an invoice along with the PA request when billing codes that require manual pricing. The invoices must be itemized. Refer to the Mississippi Medicaid Provider Policy Manual if there are questions regarding the service or procedure that may require additional information.

Contact Information for Issuance of Division of Medicaid Prior Authorizations

DOM SERVICE	Responsible Bureau Telephone Number FAX Number	Requirements/ Special Instructions	Paper Prior Authorization Form Number(s)	DOM Policy Manual Section
Mental Health Services	Mental Health 601-359-9545 601-576-4163 (FAX)	Limited to beneficiaries under 21 years of age Approved evaluations have a three-month authorization	MA-1148 MA-1148A	See Section 21.16 for complete details
Dental Services	Medical Services 601-359-5683 601-359-5252 (FAX)	The items listed must be included with orthodontics PA request: <ul style="list-style-type: none"> •Diagnostic models •Radiographs (cephalogram, panorex, or full mouth) •Photos •Treatment Plan •Letter from dentist. <p>Prior Authorization is only valid for 180 days based on beneficiary eligibility.</p>	MA-1097 (orthodontics) MA-1098 (all other dental services)	See Section 11 for complete details
Vision	Medical Services 601-359-5683 601-359-5252 (FAX)	An itemized invoice must be included for manually-priced procedure codes. Contact Lenses must meet diagnosis criteria in Medicaid policy.	DOM-210	See Section 29 for complete details

DOM SERVICE	Responsible Bureau Telephone Number FAX Number	Requirements/ Special Instructions	Paper Prior Authorization Form Number(s)	DOM Policy Manual Section
Air Ambulance Fixed Wing Transports	Medical Services 601-359-5683 601-359-5252 (FAX)	The prior authorization (PA) must be requested by telephone or fax; there is no electronic PA process. If PA request is received on a holiday or weekend and provider chooses to transport, a retrospective review will be conducted.	Request for Urgent Air Ambulance Approval	See Section 8.04 for complete details
Mississippi Cool Kids (Expanded EPSDT Services)	Maternal Child Health 601-359-6150 601-359-6147 (FAX)	Limited to beneficiaries under 21 years of age	MA-1148 MA-1148A	See Section 73.09 for complete details
Hearing Services	Medical Services 601-359-5683 601-359-5252 (FAX)	Limited to beneficiaries under 21 years of age The following must be included with PA request: •Invoices for manually-priced procedure codes and miscellaneous procedure codes •Documentation that explains the need for repair/modification	DOM-210	See Section 30 for complete details